

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10182211</u>	FILED DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT			
	NO	DEP	NO	DEP	NO	DEP		
1	1		1		1		1	
2		1		1		1		
3		1		1		1		
4		2		2		2		
5		2		2		2		
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TOTAL NO.	1	1	1	1	2	2		
TOTAL DEP.	16	16	20	20				
TOTAL CLAIMS	17	17	22	22				